

## Board of Registration in Nursing

### SUBSTANCE ABUSE REHABILITATION PROGRAM

#### SARP HANDBOOK

In 1989, the Massachusetts Board of Registration in Nursing (Board) established a rehabilitation program to assist nurses whose competency was impaired by the use of, or dependence on alcohol and/or other drugs to return to nursing practice.

The Substance Abuse Rehabilitation Program (SARP) is a five year abstinence-based program designed to protect the public health and safety by establishing adequate safeguards to maintain professional standards of nursing practice while monitoring and supporting participants' ongoing recovery and their return to safe nursing practice.

The rehabilitation program provides assistance to nurse participants by developing and monitoring individualized substance abuse recovery treatment plans. SARP *may* serve as a voluntary alternative to the Board's complaint resolution process, provided the nurse cooperates with the recommended treatment program and fully complies with the requirements of the SARP treatment contract and with monitoring of his/her continued abstinence from all substances of abuse until the program is successfully completed.

Participants assume financial responsibility for all aspects of their application to, and their participation in SARP.

#### **Mission**

The Substance Abuse Rehabilitation Program (SARP) mission is to assist nurses who have problems with alcohol and/or other drugs to return to practice, while protecting the public health, safety and welfare.

The SARP was established in accordance with Massachusetts General Laws (G.L.) Chapter 112, section 80F, to respond in a non-disciplinary way to the problem of alcohol and substance abuse among state-licensed nurses.

#### **Philosophy**

The members of the Board's Substance Abuse Rehabilitation Evaluation Committee (SAREC) believe that:

- 1) Chemical dependency is a bio-psychosocial disease affecting the cognitive, spiritual, emotional, and physical being of the individual;
- 2) Chemical dependency is a chronic, progressive health problem that responds positively to intervention and treatment;
- 3) Behavioral change is possible and every nurse has the right to pursue recovery;
- 4) Relapse prevention is a part of ongoing recovery;
- 5) Recovering nurses are vital contributors to the health care system; and
- 6) Nurses in recovery, given appropriate adaptations and accommodations, can safely continue or resume the practice of nursing.

## Definitions

It is important that you review these definitions before going on to read the remainder of this handbook. An understanding of these terms will assist you to better comprehend the information in the sections of the Handbook that follow.

**SARP Assessment:** a comprehensive bio-psychosocial history of the nurse by a skilled provider designated by SAREC. The Assessment includes recommendations for SARP participation and Treatment Contract provisions.

**Chemical Dependency:** a dysfunctional pattern of human response evidenced by habituation, tolerance and the psychological and/or physiological compulsive use or addiction of any mood/mind altering drug (including alcohol) to the extent that such use interferes with function in important areas of that person's life.

**Contingent Voluntary Surrender Agreement:** a formal contractual agreement with the Board in which the SARP participant agrees to surrender his/her nursing license if he/she withdraws from or is terminated from SARP. Signing a CVSA is a requirement for admission to SARP.

**Designated Providers:** individuals, agencies or organizations, approved by the Board and by the Substance Abuse Rehabilitation Evaluation Committee (SAREC), who provide specific services (initial assessment, relapse assessment, peer support) to which SARP participants are referred.

**Discharge:** The releases of participants from the SARP by the SAREC and the Board after participants have successfully fulfilled their 5 year treatment contract responsibilities.

**Licensee/Participant:** a nurse licensed to practice in the state of Massachusetts who meets all SARP admission criteria and is voluntarily participating in the SARP.

**Medical Review Organization (MRO):** a Board-approved organization which provides random, supervised collection and testing of urine, blood and/or saliva specimens for the expressed purpose of screening for the presence of alcohol and/or drugs.

**Monitoring:** the oversight and tracking of the SARP participant's adherence to program requirements and his/her treatment contract.

**Monitors:** individuals appointed by the Substance Abuse Rehabilitation Evaluation Committee, who, in conjunction with the Coordinator, serve as a resource to the Committee regarding the ongoing monitoring of SARP participants' compliance with all provisions of their treatment contract.

**Noncompliance:** failure of a SARP participant to adhere to any or all of the treatment contract provisions.

**Progress Reports:** periodic reporting (generally quarterly) by SARP participants, their employers and the providers involved in their care which addresses and tracks the participant's progress of recovering from chemical dependency or substance abuse.

**Relapse:** the resumption of the use of alcohol and/or drugs (physiological relapse), but may also include the return to old patterns of behavior (emotional relapse). For purposes of this regulatory program, physiological relapse refers to any break in abstinence.

**Release of Information Forms:** documents, signed by SARP participants, which give legal permission for SARP staff to request confidential information from, or submit confidential information to, employers, lawyers, the MRO, other state programs, treatment providers involved in the care of participants, and others as appropriate.

**Substance Abuse:** a dysfunctional pattern of human response characterized by excessive, inappropriate or unhealthy use of chemical substances.

**Substance Abuse Rehabilitation Evaluation Committee (SAREC):** a group of individuals knowledgeable in the field of chemical dependency and/or psychiatric disorders, appointed by the BORN in accordance with G.L., Chapter 112, section 80F, who, with the assistance of the SARP Coordinators, assess, plan, implement, and evaluate the treatment plans of licensees participating in the SARP.

**Substance Abuse Rehabilitation Program (SARP):** the Substance Abuse Rehabilitation Program, developed and governed by the MA Board of Registration in Nursing, is a structured program designed to assist nurses with alcohol and/or drug problems.

**Substance Abuse Rehabilitation Program Coordinator:** a Master's prepared Registered Nurse with demonstrated professional expertise in the field of chemical dependency and substance abuse, holding current licensure as a Registered Nurse, who serves as a liaison between the SAREC, the BORN, SARP participants, and treatment providers and oversees participants' compliance with the provisions of their Treatment Contract.

**Termination:** the discontinuation of a professional's participation in the SARP due to voluntary withdrawal from the Program or noncompliance with the Treatment Contract.

**Treatment Contract:** a legally binding agreement made between the SARP and the chemically dependent or substance abusing nurse which clearly delineates the requirements with which the licensee must comply in order to be admitted and participate in SARP.

**Contingent Voluntary Surrender Agreement (CVSA):** the SARP Contingent Voluntary Surrender Agreement (CVSA) is a legally binding document entered into by the SARP participant as a condition of acceptance into the Program. By the terms of the CVSA, the participant agrees that should s/he fail to successfully complete participation in the SARP, either by withdrawal from the Program or by termination from the Program for noncompliance with the terms of her/his Treatment Contract, s/he agrees to voluntarily surrender her/his nursing license for a minimum of three (3) years.

## **The SARP Policies and Procedures**

### **Complaints**

For nurses whose substance abuse has resulted in a complaint against his/her nursing license, SARP participation may be a voluntary alternative to the Board's usual complaint resolution process. Completion of the 5 year SARP program allows nurses to maintain their license and avoid a record of license discipline. Complaints are closed upon a nurse's admission to SARP, and dismissed upon successful completion from the program.

### **Admission to SARP**

Any nurse who has a substance abuse problem may apply for admission to SARP. Most nurses who apply have a related complaint against their nursing license for some substance abuse-related problem, but nurses may apply in the absence of any license complaint.

**The application process** may take from 1 to 3 months, depending on the applicant's individual circumstances and the resources of SARP.

### **Length of SARP**

The SARP is a five year program and participation begins on the date that a participant's treatment contract is signed by the Board's Executive Director.

### **Eligibility Criteria for Admission to SARP**

1. The nurse must have a valid Massachusetts RN or LPN license, or be determined by the Board to be eligible to hold such a valid license.
2. The nurse must agree in writing to refrain from practicing nursing pending review of his/her SARP application and acceptance into SARP.
3. The nurse must provide authorization to the Board to obtain Criminal Offender Record Information (CORI) where the Board is authorized to request the information.
4. The nurse must submit a completed application to SARP within 30 days after receiving an application packet from the Board.
5. At his/her own expense, the nurse must obtain a written assessment and recommendation for admission to SARP from a Board-designated substance abuse specialist (Designated Provider)
6. The nurse must agree to remain abstinent from all substances of abuse, including alcohol, while participating in SARP.
7. The nurse must attend and complete a SARP admission orientation within sixty (60) days of approval of his/her application for admission to SARP.
8. The nurse must be able to document that he/she has enrolled in the National Confederation of Professional Services, Inc. (NCPS) urine testing program before attending an admission orientation.
9. The nurse must sign a SARP treatment contract, the terms of which are specified by the Board's Substance Abuse Rehabilitation Evaluation Committee (SAREC) and approved by the Board.
10. The nurse must sign a Contingent Voluntary Surrender Agreement (CVSA) that would be activated by the Board in the event of a nurse's withdrawal or termination from SARP.
11. The nurse must acknowledge that the goal of SARP is to assist nurses with substance abuse problems who hold a valid MA nursing license, to return to safe and competent nursing practice, while protecting public health and safety.
12. The nurse's admission to SARP must be approved by the Board.

### **Admission Process Steps**

1. Nurse contacts the Board's SARP Admission Coordinator for an application packet and the Coordinator mails it to the nurse within three (3) days.
2. The SARP Admission Coordinator receives a completed SARP application from the nurse, and contacts the nurse to provide the name and telephone number of a Designated Provider (DP).
  - The Admission Coordinator will inform the DP of the nurse's referral for an admission assessment
  - The nurse must call the DP within 5 days to schedule an admission assessment.
  - The DP will schedule an admission assessment within ten (10) days of contact from the nurse, and will inform the SARP Admission Coordinator of the appointment date.
3. At the admission assessment, the DP obtains all appropriate releases of information authorizations and documentation of treatment by appropriate providers; body fluid toxicology screening is done.
4. The DP, upon receipt of the admission assessment fee from the nurse, forwards his/her written assessment to the SARP Coordinator within 30 days, or informs the SARP Admission Coordinator if the assessment process will exceed 30 days.
5. The Coordinator reviews the admission assessment information and determines the applicant's eligibility for SARP and approves admission to SARP, or when deemed appropriate, schedules the nurse to meet with the SAREC.
6. The Coordinator requests approval for the applicant's admission to SARP from the Board
7. The nurse whose application for admission to SARP is approved is sent a copy of an individualized SARP Treatment Contract, a copy of the CVSA, information about enrollment in NCPS for body fluid toxicology screening, and is notified by a SARP Coordinator of the scheduled SARP admission orientation time and date.
  - If a nurse decides to withdraw from the admission application process, information that was obtained during the admission application process about a nurse's substance abuse problem is forwarded to the Board.

### **Admission Orientation to SARP**

1. An overview of the program is provided, and there is an opportunity for the applicant to get answers to all questions about the program
2. Each person entering SARP must agree to the terms and conditions of, and sign a SARP treatment contract and a CVSA on the day of orientation.
3. The treatment contract is then be signed by the Board Executive Director. Once it has been signed by all appropriate parties, a signed original contract will be mailed to the nurse. The contract becomes effective, and participation begins on the date that the contract is signed by the Board's Executive Director.

### **Note to Participants**

It is advisable that SARP participants keep a copy of their treatment contract in a safe, accessible place for their own reference.

### **Treatment Contract**

This legally-binding document outlines the individual treatment plan requirements. Each component of the treatment contract is initialed and signed by the new SARP participant, with the understanding that the contract will be valid for five years. Each treatment contract is also signed by the SARP Coordinator and the Board Executive Director.

Initial treatment contract stipulations, once established and approved, can only be changed by approval of the SAREC.

A participant's failure to comply with the terms of the treatment contract may result in termination from the SARP and referral to the Board for appropriate action.

### **Contingent Voluntary Surrender Agreement (CVSA)**

The SARP CVSA is a legally binding document entered into by participants as a condition of acceptance into the SARP. By the terms of the CVSA, the participant agrees that should s/he fail to successfully complete participation in the SARP, either by withdrawing from the program or by termination from the program for noncompliance with the terms of his/her treatment contract, he/she shall voluntarily surrender his/her nursing license for a minimum of three (3) years.

The CVSA becomes effective when it is signed by the Board's Executive Director following receipt by the Board of evidence of the participant's withdrawal and/or termination from SARP. Once the license surrender is effective, the nurse is no longer authorized by law to engage in either the paid or unpaid practice of nursing in the Commonwealth. A SARP participant who has voluntarily surrendered his/her license may petition the Board for license reinstatement after three (3) years provided s/he meets the requirements that are specified in the CVSA. These requirements include documentation of successful and ongoing recovery from all substances of abuse and evidence of completion of all continuing education as required by Board regulations.

### **Confidentiality**

All files pertaining to a nurse's participation in the SARP are kept strictly confidential. Participants admitted into the program are not reported to any disciplinary data base. When a nurse has successfully completed SARP, all SARP records are sealed and any related complaints are dismissed.

While SARP participation is confidential, communication among the SARP and the participants, therapists, nursing employers and other appropriate individuals is necessary, as specified in the treatment contract, and as authorized by the nurse's signed authorization for information about the nurse's SARP participation to be disclosed.

Information obtained during the SARP application process and during SARP participation is **not** kept confidential if the nurse is terminated from, or withdraws from the SARP application process or from SARP participation.

### **Monitoring of Compliance**

All licensees are required to report for monitoring by the SARP Coordinator and the SAREC on a quarterly basis, as outlined in their individual treatment contract. Reporting months for each participant are listed on the face sheet of each participant's treatment contract.

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There are 4 monitoring sites; one is in the Boston area, one in western MA one in southeastern MA, and one is located to the north.

Participants must bring to documentation of their compliance with the terms of their treatment contract, on standardized SARP forms, to each monitoring meeting. Required documentation includes but may not be limited to:

1. Licensee's Self-Report to SARP;
2. Employer's Evaluation of Job Performance;
3. Therapist(s) Progress Report;
4. Self-Help and Professional Support Group Meetings;
5. Attendance List; and
6. Medical Reports/Updates.

Failure to provide the required documentation is considered to be non-compliance with the treatment contract and may result in termination from SARP.

**Relapses and any significant changes in work or living situations must be reported to a SARP Coordinator immediately.**

## **Nursing Practice**

As part of the treatment contract, licensees may be subject to some nursing practice restrictions, including medication administration, narcotic administration, carrying the narcotic keys, rotating shifts, and working overtime. In addition, patient care contact or certain areas of nursing practice may be restricted.

## **Applications for Contract Changes**

All requests for contract change(s) must be made on the appropriate SARP standardized form and forwarded to the Coordinator.

Contract changes will only be considered after participants have demonstrated compliance with all contract provisions and documentation requirements for at least 6 months prior to the request. Participants may provide supporting recommendations regarding the request from therapists, employers, etc.

Requests are only considered at specified timeframes as outlined in the treatment contract.

All contract changes must be reviewed and approved by the SAREC. Participants may be required to attend the SAREC meeting to discuss the change(s).

Participants will be advised of SAREC's decision in writing.

Approved contract changes will be forwarded to the licensee for signature and returned to the SARP Coordinator for signature. An original signed copy of all contract changes will be attached to the participant's original treatment contract and a fully signed copy of the contract change will be returned to the participant.

All treatment contract provisions remain in place, and must be adhered to, until officially changed by SAREC and the Board, and participants are in receipt of a completed, signed contract change.

### **On-Going Assessment**

SARP participants may be periodically required to meet with the SAREC to discuss their recovery status. Meetings may be scheduled to discuss requests for contract changes, relapses, noncompliance with a treatment contract, or other concerns.

Participants may also request a meeting with SAREC if they would like to discuss certain issues or changes or require additional support.

### **Relapse**

In the event of a relapse, SARP participants who are employed in a patient care/clinical setting are removed from nursing practice until cleared to return by SAREC or its designee. Upon receipt of documentation that a participant has relapsed, a SARP Coordinator will notify the participant and her/his employer(s) that the nurse may no longer practice nursing. SARP participants are also required to notify their employer(s) themselves when they are restricted from nursing practice.

Participants in non-patient care settings are individually evaluated by SARP staff to determine whether continued practice after a relapse is safe.

Therapists and nursing employers are required to report all breaks in a participant's abstinence to SARP. In addition, SARP participants are required to self-report relapses to the SARP Coordinator.

Upon report to SARP of a participant's relapse, the participant must be evaluated by a SARP Designated Provider (DP) within ten (10) days. The SARP Coordinator will provide the participant with the name and telephone number of the assigned DP to contact for a relapse evaluation appointment.

The DP will send a written report of the relapse evaluation to the SARP Coordinator and the evaluation will be reviewed by SAREC.

Upon review of the relapse evaluation, SAREC will proceed with appropriate action including treatment contract changes and nursing practice restriction. Relapses will be evaluated and managed on an individual basis.

### **Discharge**

Routine discharge of participants from the SARP occurs after successful completion of five (5) years in the Program, unless otherwise stipulated by the Treatment Contract. Upon discharge, the record of the participant will be sealed.

### **Noncompliance**

SARP participants are required to cooperate with the treatment plan and all provisions of the treatment contract developed by SAREC and approved by the Board of Nursing. Any failure to comply with the provisions of the treatment contract, including contract changes and reporting requirements, may be cause for termination of the participant from the SARP.

### **Termination/Withdrawal**

Termination of a SARP participant for noncompliance with the treatment contract shall result in referral of the participant's case to the Board and activation of the CVSA. Participants who

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withdraw from the SARP prior to completing the program will be referred to the Board and the CVSA will be activated.

### **Relocation Outside Massachusetts**

SARP participants must immediately notify the SARP of intentions to relocate outside the Commonwealth of Massachusetts. The SAREC will review the participant's relocation plans to determine whether the participant may remain in the SARP.

### **Applying for a License in another state while participating in SARP**

SARP participants who apply for a license by endorsement to another state should involve the SARP Coordinator, who will attempt to work collaboratively with other Boards of Nursing in the endorsement process.

### **SARP Participants with Dual or Multiple Licenses**

Licensees entering the SARP who have a current license in other states shall be required to have their current out-of-state license(s) held in their SARP file. Out of state licenses that are renewed while the nurse is a SARP participant must also be forwarded to the SARP Coordinator.

## **Treatment Contract Requirements**

### **Therapy Requirements**

All SARP participants are required to be in formal substance abuse therapy for the time period specified in their treatment contracts. Each participant is responsible for providing all therapists with:

- a copy of the treatment contract, including a copy of any changes made in the contract;
- Memorandum to the Individual Therapist/Treatment Provider and/or the Support Group/Group Therapy Facilitator; and
- SARP standardized reporting forms.

Therapists must agree to submit reports on a regular basis to SARP regarding participants' progress in therapy, as specified in individual treatment contracts. Therapists must also agree to immediately report any concerns about a participant's recovery and/or relapses to the SARP Coordinator.

Selection of a therapist is an important element of the SARP. Participants shall choose a therapist who has demonstrated education and experience in the field of chemical dependency/substance abuse, and who is willing to collaborate with the SARP and willingly fulfill the necessary program requirements.

### **Random Drug and/or Alcohol Testing**

SARP treatment contracts require that all SARP participants undergo random, supervised testing of appropriate body fluids for the express purpose of monitoring compliance to the treatment contract. SARP participants are expected to comply with all requests for testing.

There is a single, Board-approved designated Medical Review Organization (MRO) to provide such services.

All MRO fees are the responsibility of the SARP participant

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A SARP participant's failure to comply with the MRO and the SARP policy and procedures for random testing may result in termination of the participant from the SARP. Failure to report for testing, failure to report for testing within the designated time period, or failure to provide a specimen or a sufficient specimen shall be considered a positive test result.

### **How The Randomized Drug/Alcohol Testing Program Works:**

- Participant purchases and maintains a supply of Chain-of-Custody (COC) requisitions from the MRO.
- A minimum of ten (10) random tests is required annually
- Participants call a toll-free number every day to determine if they are required to be tested on that date
- Participant brings the COC to one of many available testing sites and provides the required specimen according to MRO requirements
- Participants' daily call history, including missed calls and failure to report for testing, as well as all test results are reported electronically to the SARP Coordinators on a daily basis.

### **Self-Help Groups**

All participants in the SARP are required to regularly attend self-help group meetings each week, as specified in their treatment contracts. Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, A Way of Life, Rational Recovery, and Women for Sobriety are the group meetings which are SARP-approved. All participants are required to join a group and obtain a sponsor

### **Self-Reports**

All participants in the SARP are required to bring a written self-report on a SARP standardized form to each SARP monitoring meeting. Information about the nurses' recovery progress and life changes should be included in the report.

Participants are required to attend a variety of meetings, including 12-Step meetings. Attendance at a SARP-approved professional peer support group is required when such groups are available within a 50-60 mile radius/one hour travel time from the participant's home.

Al-Anon and Adult Children of Alcoholics meetings are **not** acceptable in fulfilling the number of required group meetings, unless stipulated in the Treatment Contract.

Meetings attendance must be documented on the appropriate SARP reporting forms, signed and initialed by the person documenting attendance and signed by the SARP participant and presented at SARP monitoring meetings.

SARP participants may request a contract change for the documenting procedure after they have successfully completed two (2) years in the SARP. All SARP participants are required, however, to submit a list of meetings attended for the entire length of time in the SARP.

Any participant found to be falsifying meeting attendance will be terminated from the SARP and reported to the Board.

Attendance at Professional Peer Support Groups outlined in the Treatment Contract is required for a minimum of 46 out of 52 weeks per year.

### **Medical Plan**

SARP participants are required to inform all treatment professionals (doctors, dentists, podiatrists, nurse practitioners) about their recovery program and SARP participation.

An initial health summary from all current health care providers, including prescription and over-the-counter medications, must be submitted upon admission to SARP. Periodic medical updates are required when there is a significant health problem or when substances of abuse are being prescribed.

If a SARP participant is prescribed or dispensed any medication by a licensed prescriber, the participant must provide the practitioner who prescribes the medication with a copy of a SARP standardized reporting form and arrange for the practitioner to complete and return the form directly to the SARP Coordinator within ten (10) days of prescribing.

SARP participants are responsible for immediately informing the SARP Coordinator by certified mail or by telephone whenever they have been prescribed a controlled substance.

### **Use of Prescribed and Over-the-Counter Medications**

Individuals with a drug and/or alcohol problem may have a peculiar susceptibility to any type of mood and/or mind altering substance. It is important to recognize this cross addiction characteristic and to avoid self-prescribing and self-medicating in order to avoid relapse.

Adhering to the following guidelines provides a safety net for avoiding relapse for SARP participants who are building a life around recovery.

#### **Prescribed Medication**

At times during your recovery, it may become necessary to take mood and/or mind altering substances such as narcotics prescribed by your health care provider, for medical or surgical conditions. In these circumstances, follow these guidelines:

- Advise your health care provider of your drug and/or alcohol problem, and your participation in SARP, as outlined in your SARP Treatment Contract;
- Notify SARP as outlined in your SARP Treatment Contract
- Advise your physician to forward the appropriate documentation to SARP within ten days
- Advise appropriate family members and significant others, as well as your therapist, employer, and sponsor about your need to take the prescribed medication(s);
- Arrange for someone to assist you in the dispensing and administration of the medication(s);
- Accept only prescriptions with a limited amount of medication(s), e.g., 3 day supply, with no refills. When additional medication(s) is required, contact your prescriber for supplementary medication(s). Under no circumstances should refills or large doses of controlled substances, classes II-IV, be prescribed;
- Throw away unused excess medication(s). Utilize a witness if it is helpful.

### Over-the –Counter Medication

Some over-the-counter medications (Ex.: sleeping pills, diet pills, benadryl) may be mood and/or mind altering as well as addictive and must be avoided.

### **Family Treatment**

The SARP recognizes that a licensee's alcohol and/or drug abuse problem affects everyone in a family system. While the SARP can only require SARP participants to follow through with a Treatment Contract, the SARP strongly encourages family participation in treatment and self-help groups. Participation in these activities is supportive to the SARP participant and helpful in the recovery of family members as well.

### **Employment**

*Participants must inform the SARP when accepting a new nursing position, or when their current position and duties change, as per their Treatment Contracts.* Each participant is responsible for providing all current nursing employers with a copy of the Treatment Contract, a copy of any changes made in that Treatment Contract, as well as the SARP Employer Letter and SARP standardized reporting forms. A SARP Coordinator is available to speak with employers who have any questions.

Employers are required to submit a copy of any employment contract or agreement they may have with each SARP participant and must forward such to the SARP within two (2) weeks of initiation. If a formal contract or agreement is not initiated, the employer must notify the SARP in writing within two (2) weeks of hire that they have read the participant's SARP treatment contract and are able to make the appropriate practice accommodations. Participants are expected to follow up with employers to assure compliance with this requirement.

*Employers are required to submit job performance reports for participants on a regular basis, as specified in the Treatment Contracts, and to immediately report any concerns or relapses to the SARP Coordinator.* When an employer contacts the SARP with concerns or with a report of a relapse, actions which must be taken swiftly will be discussed with the employer. Licensees will be contacted and advised of any decisions or changes which are deemed appropriate.

### **The SARP Participation Outcomes**

At the end of the five (5) year participation in the SARP, it is expected that participants will be working as nurses without restrictions in practice, that they will have the necessary tools to remain sober and be integrated into the recovering community, and that their self-esteem will have been enhanced by their active participation in the rehabilitation program.

Upon a participant's discharge from SARP, all SARP files are sealed and any complaints related to the nurse's admission to SARP are dismissed.